



UMass

Dartmouth

19-20 Johnny Newkirk Scholarship Application

The purpose of the Johnny Newkirk scholarship is to aid with the development and growth of our peers at the University of Massachusetts Dartmouth. The goal of this scholarship is to give back to our university within by uplifting the students. The funds come from fundraised activities from Sigma Phi Rho Fraternity Inc. throughout the school year, mainly from Sigma Phi Rho Fraternity Inc. annual 3 on 3 Basketball Tournament and Bingo Night during RHO week.

Eligibility Criteria:

- **Must be a Sophomore, Junior or Senior enrolled full time for the 19/20 Academic Year.**
- **2.65 Minimum Cumulative GPA.**
- **Must demonstrate financial need as determined by the Financial Aid Department.**

Please complete the following.

| | | | |
|--------------------------|---------------------|-------------------|-------|
| _____ | _____ | _____ | |
| Last Name | First Name | Student ID Number | |
| _____ | _____ | _____ | _____ |
| Permanent Street Address | City | State | Zip |
| _____ | _____ | | |
| Phone | UMD Major/Minor | | |
| _____ | _____ | | |
| Expected Graduation Term | Name of High School | | |

The following items are also required. Incomplete applications will not be considered.

- A one-page maximum essay describing the importance of giving back to your community, both at home and UMass Dartmouth. Describe ways that you have given back as well as ideas for the future.
- Unofficial UMassD transcript. Can be obtained at the Registrar's Office or through COIN

Your résumé. Include your work history, your responsibilities in that position, and any extracurricular activities from high school, college, or your community. Be sure to describe any leadership or public service roles you have acquired.

I authorize release of my relevant demographic, academic and financial aid information to the selection committee and/or fund donor. I understand that I must file the 2019-20 Free Application for Federal Student Aid (FAFSA) by March 1, 2019, to be considered for scholarship assistance.

Printed Name

Signature

Date

Please return completed application materials by **March 1, 2019**, to the Financial Aid Office, University of Massachusetts Dartmouth, Foster Administration Building Room 105, 285 Old Westport Rd, Dartmouth, MA 02747 or financialaid@umassd.edu

For Office Use Only

Date Received _____ Initials _____
Complete: Y N Coded: Y N